



SCHOOLS OF THE
SACRED HEART

ACADEMY OF THE SACRED HEART | BERCHMANS ACADEMY
COMMUNITY SERVICE DOCUMENTATION FORM

Provide the following information about you and the service you provided.

4/29/15

Student Name:		<input type="checkbox"/> ASH <input type="checkbox"/> BA	Graduating Class of:	Religion Period:
Type of Service: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> Advocacy			Number of Hours Served	Date Today:
Service Provided:				
Date of Service	Location of Service:		Contact Person:	
	Address of Service:		Contact Information:	

Describe the service you provided in detail and explain why it was needed.

What did you learn participating in this service?

Which of the Five Goals was reflected in this service? Explain.

Approved by: